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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/718,781
	Filing Date	11/20/2003
	First Named Inventor	Christopher J. Burt
	Art Unit	2184
	Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number	203995 (5024-00289)

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="text-align: center; font-weight: bold;">Return Receipt Postcard</div>
<div style="border: 1px solid black; padding: 2px;">Remarks</div>		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Andrus, Sceales, Starke & Sawall, LLP	
Signature		
Printed name	Joseph D. Kuborn	
Date	11/9/06	Reg. No. 40,689

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## UNITED STATES PATENT AND TRADEMARK OFFICE

Application Of: ) CERTIFICATE OF MAILING  
)  
CHRISTOPHER J. BURT ET AL. ) I hereby certify that this correspondence is being  
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Filed: 11/20/2003 ) PATENTS, P.O. Box 1450, Alexandria, VA  
) 22313-1450, this 10<sup>th</sup> day of November, 2003.  
Group Art Unit: 2184 )  
)  
Examiner: )  
)  
PROACTIVE SUPPORT OF ) Roni Haupt  
HEALTHCARE INFORMATION SYSTEM ) Roni Haupt 11-10-06  
Date

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

MAIL STOP: AMENDMENT  
COMMISSIONER OF PATENTS  
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Sir:

The following reference was in a Search Report issued in the corresponding  
European patent application:

6,122,664

This Information Disclosure Statement is accompanied by a PTO Form 1449, in  
duplicate.

CERTIFICATION OF INFORMATION DISCLOSURE STATEMENT

This certification is being made for the Information Disclosure Statement noted  
above. The undersigned attorney certifies that each item of information contained in the  
above information disclosure statement was cited in a communication from a foreign patent  
office in a counterpart foreign application. Since no Office Action has been received on  
the application, it is believed that no fee is due in connection with this Statement.  
However, if a fee is due, this is your authorization to charge Deposit Account No.  
05.2401 for any such fee.

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /V.L./

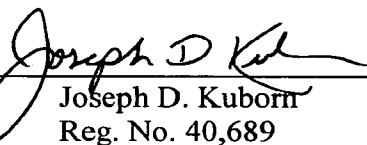
Applicant: Mark S. Briemon et al.

Application No. 10/174,890

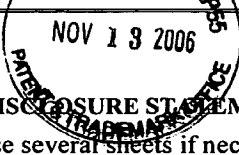
It is requested that this reference be considered and be made of record in this application.

Respectfully submitted,

ANDRUS, SCEALES, STARKE & SAWALL, LLP

By   
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Attorney Docket No.: 203995 (5024-00289)

Form PTO-1449		U.S. Department of Commerce Patent and Trademark Office	Atty. Docket No. 203995 (5024-00289)	Appl. No.: 10/718,781
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> (Use several sheets if necessary)			Applicant Christopher J. Burt et al.	
			Filing Date 11/20/2003	Group Art Unit 2184

U.S. PATENT DOCUMENTS							
*EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE IF APPROPRIATE
		6,122,664	09/19/2000	Boukobza et al.			

FOREIGN PATENT DOCUMENTS								
		DOCUMENT NUMBER	DATE	COUNTRY	CLASS	SUBCLASS	TRANSLATION	
							Yes	No

OTHER REFERENCES (Including Author, Title, Date, Pertinent Pages, Etc.)		

EXAMINER	/Valerie Lubin/	DATE CONSIDERED	07/07/2008
*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance <u>and</u> not considered. Include copy of this form with next communication to client.			

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